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Communications.

ARTIFICIAL PERFORATION OF THE MEMBRANA TYMPANI.

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The subject of the safe removal of foreign substances or fluids from within the cavity of the tympanum or middle ear, in cases of deafness, is one which has always attracted the attention and exercised the ingenuity of many careful observers.

These intra-tympanal substances may be, for convenience, divided, according to their nature, into three classes or groups, viz—

First. Serum, mucus, muco-pus, pus, and blood.

Second. Fibrin (semi organized), polypoid granulations and growths, and phosphatic deposits.

Third. Connective tissue, and fibrin (organized).

It is almost unnecessary to dwell upon or to state the amount of danger that the above conditions may cause, but, as we pass from the first to the third, we observe that the ratio of risk to the organ of hearing proportionately increases.

The question as to the source of these products then arises. Why are such substances found in the tympanum? Simply as the retained products of inflammation. Retained, because of their being rapidly poured out while the surrounding parts are swollen, or the Eustachian tube may be occluded, either permanently, as in stricture, or temporarily, from congestion or œdema of its mucous investment.

If we consider, for a moment, the small size and peculiar construction of the middle ear, as well as its highly important function, we can measurably estimate the injurious influences of even a stasis of the natural secretion of the parts.

In acute "otitis media," we have, as is well-known, the pouring out of the fluid portion of the blood. It is not necessarily accompanied by aching pain, but always associated with unusual sensation and swelling.

If it should be, as is frequently the case, catarrhal, then we have what aurists generally call "otitis media plastica," or "exudativa." In the course of a few hours the intra-tympanal, as well as the tubal mucous membrane becomes swollen, the blood vessels pour out serum, which, with the extra amount of the natural secretions of the parts, completely fills up the middle ear, and sudden deafness is the result. While the patient feels a fullness in the ear or ears, unconsciously he attempts inflation by the Valsalvian method, or accidentally he forces some air into the tympanic cavity, and the fluid or semi-fluid substance therein contained becomes filled with air-bubbles, whose successive escape subsequently causes a continuous crackling sound, which is very distressing to the patient. Pain, as has been already indicated, is not always present, and was wanting in at least one-half the number of cases coming under my observation.

Such acute cases call for immediate treatment, by operative interference, and, moreover,

are also among the most successful, and yield the most brilliant results. The cure follows quickly, on the favorable prognosis, and redounds greatly to the skill of the aurist.

If the inflammation is of a higher grade, and the secretion assumes a purulent character, "otitis media suppurativa," mere local applications are of little avail; it becomes our duty, when the tympanum is full of pus, to provide it a means of escape. Such cases are accompanied by more swelling than those just considered, and are always accompanied by pain. If not evacuated by the surgeon, the pus may find its way through the membrana tympani, by ulcerative process.

Time is an important element, as regards the prognosis and result of such cases. Should the exudation become partly or wholly organized, there is but little hope of success from any line of treatment.

Should a small cavity like the tympanum be filled with a jelly-like mass, it can be readily imagined that the functions of the parts will be seriously interfered with, and it will become self-evident that it is of primary importance in the treatment to remove the foreign substance.

Where possible, the air-douche of Politzer may be used to dissipate fluid collections within the tympanum, the force of the sudden rush of the incoming air acting mechanically in displacing the morbid material. The Eustachian catheter may also be employed, but I have found it, in such cases, of comparatively little service, as sufficient force cannot be given to the stream of air injected, while in about two-thirds of the whole number of cases treated by the first method I have found that a few (two or three) blasts of air, from a good Politzer's bag, were sufficient at each daily sitting.

When, however, from the density, or inspissated character of the contained fluid, we find that Politzer's douche is ineffectual, we must resort to the operation of incision of the membrana tympani, and the subsequent use of the inter-tympanic catheter, by which means I have been successful in several most important cases.

At this place I will report the clinical notes of three of the most interesting and instructive cases, each treated by a somewhat different method. They were not operated upon by the myringotome, however, but with a long-handled, delicate knife, designed to make a round opening; by this expedient we are also enabled to enlarge the incision in the membrane. This cannot be done so well by the ordinary cataract needle, especially in cases of plastic inflammation with tenacious exudation, as in "otitis media hypertrophica,"* but the needle may be conveniently used where the secretion is liquid.

The three cases which are reported will illustrate three classes, and are given in detail, not for the specialist, but for the benefit of the intelligent and well educated general practitioner, to prove that this is a legitimate and justifiable operation, which should not be neglected when the proper cases present themselves. In the second case the fact is shown that by long and careful treatment good, and even successful results may follow without using the knife or needle. It must, however, be born in mind that if the proper cases are not selected, any operation will only increase the patient's risk, without any commensurate benefit. In certain other cases, by an operative procedure the patient will have "acute otitis media" set up, which may extend to the brain and cause death. Two cases were communicated to me recently by a distinguished young surgeon. The first was a young lady with catarrhal deafness, who, by the use of "Politzer's" air douche and local treatment, had her hearing increased from four inches to twenty; to hasten this improvement a perforation was made, which has never healed, and the hearing not only went back to the four inches, but has become worse, in spite of all his care and treatment. The second was a young German, who was going west, and was brought for treatment; so desirous was the surgeon to hasten this case that he punctured his membrana tympani at once, with the hope of a sudden cure, but instead of cure he unfortunately lost the little hearing remaining in that ear, and had to go west, after ten days' treatment, with the wound open, and liable to take cold in it, from exposure in traveling.

Case 1.—Plastic Inflammation of the Mucous Membrane of the Middle Ear, Involving Eustachian Tubes. Removal of a Small Portion of Material by Incision of the Membrane, with Decided and Continued Improvement.

M. D., aged 22, a professional male cook in a

* For full details concerning the symptoms and general treatment of this form of ear disease, please see "Clinical Manual of Diseases of the Ear." Philada., J. B. Lippincott & Co. pp. 176-183.

large hotel, where he was exposed at all times to a heated and moist atmosphere. In March, 1875, soon after having his hair cut short, he was suddenly seized with deafness and with a filling up of his right ear and nose, as he expressed it, which gradually increased. He did not at that time apply for treatment, but in July, 1876, the humming sound became so intense that he could not sleep, and he had to give up his occupation. He was so deaf that he was unable to hear, except when spoken to in the loudest tones. He then visited the University of Pennsylvania, and was informed that he had catarrhal deafness; but finding no relief, he soon discontinued his attendance. The man employed some domestic and also quack remedies, with but little or no relief. He then applied at the Howard Hospital, March 7th, 1877, when the physician employed Politzer's air douche, and also some local remedies to his throat, etc. This treatment was continued for some time, but not much benefit resulted. From his statement, and the annoying subjective symptoms, the white or grayish spotted appearance of the membrane, and the want of the moist sounds of catarrh, I made up my mind that there was some foreign matter there that wanted removal. There was no bulging of the membrana tympani. I therefore, on March 7th, assisted by Dr. Gilmer, penetrated the membrane with a small delicate round-pointed knife, near to the foreign matter, which was in the vicinity of the handle of the malleus, and enlarged the opening downward, so as to give a free exit. There were but a few drops of very tenacious mucus forced out by the Eustachian catheter. I did not use Politzer's air douche, for fear of forcing the secretion from the orifice of the tube into the middle ear and through the perforation; nor did I syringe by filling the meatus with warm water and soap, but employed a weak solution of potash, one grain to an ounce of water, from which I found much benefit. He had considerable pain at the time, which was almost immediately relieved. He began to improve, as he stated, immediately after the operation, getting rid of that suffering and distressed feeling, and experiencing great diminution of the noises. On the 8th and 9th of March he was treated by my son, Dr. C. S. Turnbull, who found him much improved, and reintroduced the catheter, etc. On the 10th he had a return of his distress, accompanied with dizziness, which was soon relieved by the introduction, by means of the catheter, of the vapor of chloroform. March 13th, doing very well; hearing distance, right ear, $\frac{15}{20}$ in. watch, left ear, $\frac{16}{20}$; feels so well that he wants to go to work; his hearing, for the human voice, was very much improved, but still had some irritation and swelling of his tonsils and uvula. Compound tincture of iodine and glycerine was applied to the tonsils, and a gargle for his uvula and throat. Schwartze uses alkaline (one grain of potash to an ounce of water) injections, to insure absorption of any remaining mucus, and if the tube is not freely pervious, he uses weak injections of zinci sulph., to render it so.

Case 2.—Case of Mucus in the Middle Ear, with Deafness, Removed in Part by Politzer's Air Douche, and with the Intra-tympanic Catheter.

Elizabeth L., aged twenty-four, a bright, intelligent young lady; a seamstress; residence Chester county, Pa.; single; general health good; both ears affected, but the left ear the most. The presumed cause of the deafness was cold. Has had all the diseases of childhood, but no severe disease of late. Has pain, with dryness and itching in the ears, with noises, of a crackling or snapping character. Her physician had given her medicines to drop into the ear, for the relief of the pain and noises. The meatus was found normal, no excess of cerumen, membrana tympani opaque, like a ground window glass. Left ear more opaque than the right. This opacity changed its position by the movement of her head. Eustachian tubes plugged with mucus and collapsed. This tenacious mucus extended into the middle ear, as determined by the otoscope. Hearing distance, right ear; $\frac{1}{15}$ in. watch. Left ear, $\frac{2}{15}$ in. Has chronic pharyngitis, and back of pharynx the glands were enlarged, and her voice was nasal. There are also small ulcerated spots near the orifice of the Eustachian tubes.

Treatment, November 16th, 1875, to December 6th. Astringent gargle and cleansing douche, using warm water and common salt, followed by glycerine and water. Internal, pills of sulphate of cinchonidia, three grains each, on account of pain in her head, with half drachm doses of bromide of potassium. Also elixir of valerianate of ammonia, for nervous symptoms. Local applications to the throat, excising the glands, painting them with iodine and glycerine, and sulphate of copper.

December 6. The discharge from the ulcer-

ated surface of the throat collected in the Eustachian tubes was more tenacious, and we were less able to use Politzer's air douche, which, nevertheless, increased the hearing to $\frac{4\,6\text{in.}}{2\,5\text{ft.}}$ in right ear, and left to $\frac{3\,0\text{in.}}{2\,5\text{ft.}}$. The patient then left for the country, and wrote as follows:—

December 13. "I fear I have taken cold since returning to my home, as my throat is sore, but it does not have any effect on my hearing yet, and I hope it will not, as it still continues to be better; the noises do not change much, though I think they are not quite so persistent, and not so far in the head, but more in the ear, the left ear, especially (persons cannot help admitting that I am benefited by your treatment). There is not any of that confused feeling in my head now that was there when I first came to you."

December 27. "When I wrote you last I was suffering from a cold, which increased, and remains with me yet. If I was only as well as when I left you, I should be thankful. I think my hearing still better than when I came to you. The noises are somewhat louder, but they do not annoy me so much. I am still using the medicines. There is a very unpleasant feeling of dryness in both ears; the ulcers in my throat I have been watching and trying to keep away by using what you gave me (a solution of cupri sulph.). They were in my throat first, where the Eustachian tube connects with the throat, and I could see them, by means of a mirror; allowing the sun to shine in my mouth and holding my tongue down with a spoon, I touched them with a piece of cotton moistened with the preparation you gave me. By this means I keep pretty clear of them."

I received no communication from my patient until February 14th, 1876. "I am still following your directions, having omitted but one day. Shall I continue the use of them until I return to the city? My hearing is about the same as when I wrote you last; the noises are pretty loud in the left ear." I directed her not to return until mild weather. She came on in July. After a week's treatment I noted the Eustachian tube on right side was swollen at its orifice, and was plugged with mucus. Inflation with the catheter and balloon improved the hearing distance on that side to $\frac{5\text{ft.}}{2\,5\text{in.}}$. The hearing continued to improve by inflation, with now and then application of electricity to the tubes. Both membrana tympani are sunken, and the tinnitus in right was diminished by drawing, with Siegle's pneumatic otoscope, the membrane outward.

After continuing the treatment for some time, the result did not satisfy me, so I resorted to the intra-tympanic catheter, and with a closely-fitting brass syringe, withdrew a plug of mucus, much to the patient's relief and my own satisfaction. She states that the noises are so much less that they no longer annoy her. The hearing distance is now up to $\frac{5\text{ft.}}{2\,5\text{in.}}$ right; left $\frac{5\frac{1}{2}\text{in.}}{2\,5\text{in.}}$. There is also more moisture in the ear and it feels more comfortable. Both membrana tympani look better, both in position and color. She was directed to take tonics, good diet, and cod-liver oil, which she states have acted like a charm; was also directed to avoid cold feet or exposure to draughts of air.

Case 3.—Case of Perforation of Membrana Tympani Following an Acute Attack of Otitis Media Catarrhalis, the Perforation Remaining Open Six Months After.

F. M. T., aged twenty-two years, student. Resides in Connecticut; single; both father and mother living, but has lost two brothers with phthisis, and the mother's family more than one member by the same disease. General health good; robust. The patient is well developed, yet subject to cold, followed by a bronchial cough. The ear most affected is the right; presumed cause, influenza. This was followed by intense pain, fever, bulging of the membrane, and blowing noises. Treatment, acute stage; pain relieved by hypodermic of morphine; leeching, hot water application, with Politzer's air douche, to inflate the middle ear, and ultimately puncture the membrana tympani, with discharge of muco-purulent secretion for some weeks; by the use of mild astringents, and cleanliness, the discharge diminished, so as not to be at all offensive, but is sometimes troublesome, and if neglected the hearing becomes diminished on that side. Six months after, membrana tympani opaque, cicatricial tissue, with small, irregular perforation along the handle of the malleus. By force, air passes through the perforation, with a whistling noise. The right Eustachian tube is obstructed, so that the patient cannot inflate it, on account of mucous plugs, etc. Right ear hearing distance, $\frac{5\text{in.}}{2\,5\text{ft. watch}}$. Left ear, $\frac{\text{in.}}{2\,5\text{ft.}}$. By careful treatment, cleansing the ear with a solution of bicarbonate of soda in warm water, and inflating the ear by means

of Politzer's air douche, the hearing was increased to double the distance; also, by the use of an artificial membrane and a solution of zinci sulphas, the ear has assumed a much improved character, but, owing to the tuberculous tendency of the patient, it is difficult to heal the perforation.

It should be remembered that a thickened condition of the membrana tympani, which prevents its vibration to sound, may also involve the whole mucous membrane of the middle ear, or may extend still deeper, and include the membranes of the fenestræ.

Perfect closure of the Eustachian tubes would be a true indication for this operation, but, unfortunately, this condition is very rare. I have met with only a few such cases in many years of practice, these being generally produced by syphilis or small-pox.*

One of the most difficult conditions, after an operation, is to keep the opening patulous, if the opening be in a healthy membrana tympani.

In the last edition of the work of Von Trölsch,† he gives the report of the following modification of the operation.

"In one case I have tried the following method, with a view of securing a permanent opening in the drumhead: I cut out a triangular flap with my paracentesis needle, the base of the flap being above. This flap I folded back, and pressed it against the drumhead, which I had scarified. The flap united to the membrane in healing. The opening had not decreased at the end of two weeks, when I lost sight of the patient. I think this method worthy of a fair trial. Repeated puncturing of the flap, and of that part of the membrana tympani to which it is fastened, would, perhaps, ensure the result aimed at."

The pain of the operation of perforation is, for the time, sharp, but is usually of very short duration. In a few cases the operation has been followed by severe inflammatory symptoms. It must not be hastily concluded that the patient is permanently relieved after the operation. As relapses are apt to occur, the patient should be kept under observation for some time; many clinical histories are incomplete on this account.

*A case of this kind is reported in the author's work, pp. 224, 337. Philada., 1875. There is also one, by Lindenbaum, in *Archiv für Ohrenheilkunde*, pp. 295, *et seq.*

†Von Trölsch, "Lehrbuch der Ohrenheilkunde." Leipzig, 1877. pp. 413.

Conclusions.—Since publishing my views, on p. 242, in my manual, in which I state that the author has resorted to the operation, of puncturing, incising, or making a flap in the membrana tympani, in chronic cases of catarrh of the tympanum, I find so far my success has not been what I could have wished." By a happy combination of operative procedure with the use of Politzer's air douche, solutions of various strengths of caustic potash, to soften the secretion, the careful use of the intra-tympanic catheter, and above all in importance, the proper selection of cases, and the use of the spray of carbolic acid, to prevent suppuration and entrance of septic matter into the middle ear, my success has been much more satisfactory.

A SUCCESSFUL CASE OF OVARIOTOMY.

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The following condensed report is given simply as a statistical contribution, with the hope that a brief comment will not be considered presumptuous or out of place:—

Early in the month of April I was called to see, for the first time, Miss I. M. Massey, aged twenty-one, weighing, in health, 150 pounds, of sanguine temperament, and found her in an almost helpless condition, from ascites. The symptoms were of such an urgent character that paracentesis was immediately practiced, and fully four gallons of healthy-looking serum extracted. A large solid tumor, quite movable, was now easily felt through the attenuated walls of the abdomen. After instituting a careful examination, it was diagnosed ovarian. Advising extirpation as the only hope, she, one month after, on the 8th of May, submitted to that operation. After making the usual preliminary arrangements, an incision of five or six inches along the median line was made, commencing just under the navel. On introducing the hand and exploring the surroundings minutely, an attempt to extrude the tumor was ineffectual, it being too bulky and friable. The incision was now freely extended above, some five or six inches, and this afforded an outlet just sufficient for its extraction. The pedicle, very thick, and not over two inches long, was pierced by a double ligature, both halves tied and severed half an inch above. A very large vascular attachment, with the intestine above, was also ligatured and cut in like manner.

After thorough sponging, the upper three-fourths of the wound was closed by interrupted sutures of common thread, without including the parietal perineum; the stump was drawn toward the incision and traction maintained by a figure of eight attachment.

The following points of interest are deemed worthy of note, viz.: the ascites and solidity of the tumor existing in an exaggerated degree, with commencing constitutional depreciation, usually thought to contra indicate the use of the knife, were prominently presented. But the liver, heart, kidneys, and even the uterus itself, being in a healthy condition, the excessive serous effusion was solely the effect of exosmotic action, occasioned by the great afflux of blood requisite to sustain such an immense growth. The tumor, of one year's growth, weighed ten pounds; it was of the adenomatous character, entirely solid, and appeared to the naked eye to have assumed a cancerous degeneration, the upper half resembling very much carcinoma medullare, evidently being merely a primary malignant development. There is such great fatality consequent upon this operation, that even the experienced ovariotomist approaches it with timidity, and according to statistics, by far the largest per cent. of deaths arise from peritonitis and septicæmia, hence the great desideratum is to obviate this, supposed to be, unavoidable difficulty.

Having for some time observed the frightful mortality among swine, after spaying in the side, which necessitates the retention of the debris of disintegrated material, I was confidently impressed with the belief that drainage by gravitation would turn the scale in favor of some radical change in the after treatment of the female. Also, observing the favorable statistical reports of Dr. J. Clay, by his long incision allowing the double ligature to pass out of its lower angle, thereby furnishing a free vent to the fluids; Baker Brown, by amputating with the actual cautery, leaving a clean stump, with little or no sloughing; Kœberlé, by making an opening in the recto-vaginal space, and establishing a drainage; Peaslee, by his disinfectant washes and the siphon; and noticing that the momentous question, how to insure drainage at all hazards, seemed to have taxed the ingenuity of these experienced operators, it was patent to my mind that the evil consequences resulting from putrescent matter pent up in the abdominal cavity was the great bugbear to be dreaded. So I embarked into this operation with the utmost confidence that a very simple procedure could be adopted to rob it of this feature of its danger, which proved experimentally a grand success. After administering large doses of opium, to be continued when necessary, to insure constant physiological rest to the bowels, my patient was comfortably inclined in a semi-recumbent position, with the view of confining the fluids to the pelvic region, and instead of pinioning her down supinely, day after day, a complete prone position was easily effected, two or three times in twenty-four hours, by raising the under sheets slowly on one side of the bed and permitting her body to roll over on pillows placed so as to support the chest and hips. During this rotary motion of the body perfect surgical repose can be secured to the bowels with the many-tailed bandage. By the above process a perfect drain was effected; not a vestige of floating matter could fail to gravitate through the large vent, about three inches in length, which should be kept constantly open with a tent.

Cases doubtless occur where, the tumor being small and healthy, involving very little violence to the parts, there will be little or no foreign accumulation. But in this instance a vast vascular attachment to the omentum required ligation, which, together with the stump itself, produced necessarily an immense waste, demanding absolutely an early and continuous vent. It seems, at times, the proper management of the visceral peritoneum is a source of annoyance; where it is very much enlarged, it is advised to cut through it, then strip off all attachments, and enucleate the tumor; a much more expeditious plan is, as was pursued in this case, to include the peritoneum within the ligature, above and below; which is safer, too, as it precludes all danger of hemorrhage, or even of oozing of blood into the cavity.

According to the literature of this subject, the propriety of the operation at all is of recent date. Even Professors Mütter and Meigs condemned it as unjustifiable—the former wished to consign it to oblivion, the latter ridiculed it.

At present the reat problem to solve, is not as to the expediency of removing ovaries, but in the diversity of opinion as regards the after-treatment, to determine upon that procedure promising the most success. It is true that peritonitis terminates most of the fatal cases,

and that the inflammation is chiefly due to the putrefaction of retained fluids; it is also true that we are learning by experience to avoid it. Not by confining the patient on her back, making a reservoir of the abdominal cavity for refuse matter, attempting to seal the incision by the first intention, but fearlessly leaving enough of the wound open, regardless of exposure, for complete drainage.

Beyond question, the treatment of traumatic peritonitis constitutes one of the most interesting chapters in surgery. And, in reverting to the discordant views of eminent authorities, I cannot refrain from a brief animadversion upon some of their opinions, from the remote age of John Bell, who pronounced, unexceptionally, penetrating wounds of the belly as mortal, when virtually all interference was condemned as futile, to this enlightened time of Professor Gross, who, on the other hand, condemns such masterly inactivity in unmeasured terms, emphatically teaching that the fatality of such wounds is greatly exaggerated. In the meantime, experience in the radical treatment of ovarian tumors with the knife is making many useful modifications.

Furthermore, I will say that, in the internal treatment of the stump, as was necessarily adopted in this case, we have a deposit of pus, which, under confinement, always becomes itself a direct factor of the very process that generated it, and it is perfectly suicidal to incarcerate within a wounded peritoneum, one of the most exquisitely delicate structures in the human frame, a material incapable of further development, and highly pernicious to life.

At the present date, over one hundred and fifty days since the operation, the improved condition of the patient, with a complete restoration of her former weight, with every organ in full vigor, has fully come up to our most sanguine expectations.

Simple Method of Testing the Purity of Chloroform.

Dr. Lueke, of Strasbourg, gives the following simple method of testing he purity of chloroform:—Immerse a small piece of thin white blotting paper into the chloroform, and then let it dry in the air. As soon as all the chloroform has evaporated, the paper will not present the least smell, if the chloroform is pure. If there is any acid smell perceptible, it indicates the presence of butyric acid in the chloroform, and, as a rule, has the strong characteristic odor of that substance.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF WM. GOODELL, M.D.,

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Reported for the Medical and Surgical Reporter.

The Diagnosis of Pregnancy.

A married woman comes to the clinic to-day desiring to know if she is pregnant. The usual signs of pregnancy are known to you all. In the present case, the woman tells me that her monthlies have been regular ever since her marriage, but that she has increased in size, has felt fœtal movements, and deems herself about eight months gone. Upon examination, I find the breasts unswollen, and without the areola of pregnancy surrounding the nipple. The regularity of the menses is a very strong presumption against pregnancy, but I shall look further. By flexing the legs upon the abdomen, and so relaxing the recti muscles, I am able, with one finger in the vagina and the other hand on the abdomen, to map out clearly the size and position of the womb. It is of the usual virginal size, and in the usual position. Let me call your attention to a sign not often spoken of in the books, viz., the condition of the cervix. By my finger in the vagina, I find the condition of the cervix uteri to be hard and unyielding as gristle. In pregnancy, even in the earlier months, the cervix becomes soft and flaccid. This happens almost invariably, and the hardness of the cervix here enables me to say, with much confidence, that I do not think the woman can be pregnant. She may possibly be in the first or second week, but I consider it extremely unlikely. You may adopt the following general rule of diagnosis: when the cervix feels as hard as the tip of your nose, pregnancy does not exist; when it feels as soft as your lips, the womb probably contains a fœtus. This woman has had no morning sickness, and her breasts, upon pressure, yield no milk, not even any moisture. Even early in pregnancy, as a general rule, the nipples will yield a drop or two of milk, when squeezed. Her bowels are regular, and she experiences no difficulty in voiding her urine, and on the other hand, no tendency to too frequent micturition. I think that the results of my examination preclude the possibility of pregnancy.

Rupture of the Perineum.

The perineum is often torn in the process of labor, either owing to the carelessness of the physician, to the unguarded use of the forceps, or to other causes of which I have not the time to speak. This laceration leaves the woman in a most pitiable condition. The perineal centre is gone, and consequently all the muscles in-

serted there are rendered useless. The woman has no control over the external sphincter, so too, with the constricting muscle of the vagina, and with the muscle which depresses the clitoris and brings it into attrition with the male organ in copulation. The sexual act becomes, therefore, blunted. Among the most generally successful of surgical plastic operations, is that for the formation of a new perineum. As it will require a full hour, if not more, to complete this operation, I shall begin at once denuding the torn sides of the laceration. To do this I prefer greatly the use of scissors, because less blood is lost by using them than by the knife, as the veins in this region are valveless, and they would probably cause a great deal of troublesome bleeding, were I to work with a knife. If you ever meet with this accident in your practice, you must make a clean breast of it; tell the woman what has happened, and put a few stitches in at once. This woman, a primipara, was delivered two years ago, and was attended by a very skillful doctor, whom I personally know. According to the patient's story, after the head was born the physician found great difficulty in delivering the body. He pulled and pulled, and finally delivered it, to find a large tumor on the spine, a spina bifida I presume. The woman says that this tumor was very large, nearly as large as the child, and that the rupture was caused by it. I never heard, before, of a rupture being caused by a spina bifida; but I must see the doctor himself, and find out from him. Here let me give you a piece of advice; always remove the forceps in a primipara when the perineum begins to bulge, for in my experience it is the forceps that causes nine-tenths of these lacerations. I am working now with curved scissors. After denuding the lower anal portion of the rent I shall denude the upper and perineal portion. You should always be provided, in your labor cases, in anticipation of this accident, with some silver thread, and a long surgeon's needle, not less than two and a quarter inches in length. Insert the first stitch on a level with the lower margin of the anus, and by one sweep pass it wholly around the anal rent, burying it in the flesh. Always enter the stitch a full half inch below the wound. I show you now the denuded surfaces; they look like a butterfly without any tail. When I put in the stitches I shall fold the two wings together. How was the patient prepared for this operation? Yesterday morning she had a dose of oil. Last night, after the oil had had its effect, she took one grain of opium, and another this morning, to keep her bowels effectually closed. She must not have a movement for at least nine days.

As union will not take place at any undenuded portion, I must be careful to pare off all the mucous membrane and round the edges off perfectly. There will be no bleeding after the stitches are put in. This woman is three months pregnant, and there is some risk of an abortion from this operation. But unless I perform it now, she will not be able to have it done for two years to come, because she will then be nursing. Besides, she greatly fears that the rent will be increased in her coming labor. The points of exit of my needle must come exactly on the mucous membrane. The first and second are the important stitches. I generally put four or five stitches in, but I shall have to put more in this case. How is this woman to be treated after the stitches have been taken out, on the eighth or the ninth day? Between now and then she must be given opium enough to lull pain and keep her bowels quiet. Her knees must be bound together and her urine drawn off by a catheter for a week. Never put in a self retaining catheter if you can possibly avoid it, for I have seen it produce a very obstinate catarrh of the bladder. The best way to introduce the catheter, is to put the woman on her back and flex her knees and thighs over the abdomen. On the eighth day, at evening, some four ounces of sweet oil will be injected into the bowel; then, on the morning of the ninth day, I shall give the woman a tablespoonful of castor oil. When she feels a movement coming on she will have a copious injection of warm water, so as to break up all scybalæ.

Fungous Granulation of the Lining Membrane of the Uterus.

The patient, a very fleshy woman, has suffered some months past from bearing-down pains, and very frequent and abundant menstruation. She has lost strength, but not fat, and is in a very hysterical state, consequent upon her condition. Something inside the womb is plainly the cause of this. So, day before yesterday, I gently introduced a dilator into the cervical canal, and then put in a large sponge tent. Yesterday I removed the tent and introduced one sponge tent and several laminaria tents. The laminaria being less compressible dilates the canal better than the sponge tent. To-day I shall take these out. For examining the womb under such circumstances, I find a "volsella" forceps of great value. I think I shall be able to get my finger into the womb to-day. Yes, I can; and what do I find to be the matter? But first let me carefully wash out the cavity with water and carbolic acid, so as to avoid the danger of septicæmia. There is no polypus of the womb, as I imagined, from its size. I catch hold of the anterior lip of the womb with my volsella forceps, and so am able to bring the organ so low down as to enable me to reach the fundus with the tip of my finger. I find a very decided roughness of the mucous membrane. You see I bring little fragments of mucous membrane out with my finger. I must go to work and scrape all these granulations away with a little dull edged scraping instrument, called a "curette." In scraping you must not use force, and must do it very carefully. These fungous growths may be the result of the last labor, from some minute portions of the after-birth remaining behind. I rather, however, attribute them to

local hyper-nutrition, or redundancy of mucous membrane; perhaps to hypertrophy of the placental site. A very little of this will cause a good deal of bleeding.

I do not think this scraping will be followed by any bad results. There may possibly be a slight perimetritis, but with ordinary precautions I do not fear it. I find some more of these granulations at the inner os. After clearing out all the debris, I shall make an application of iodine, to prevent septic absorption. She probably will not suffer much pain after she recovers from the influence of the ether. If she does, and the temperature rises, I shall order quinia, in ten-grain doses, every four hours, until her ears ring. I shall then gradually lessen the number of doses, but not the amount at a dose. If taken in time, quinia promptly controls peritoneal inflammation.

Amenorrhœa.

A little girl, sixteen years old, comes to us with suppression of the menses. She was born among the mountains of the interior of the State, and has lived there. Her menses were regular and her health was blooming. Six months ago she came to this city and was put to hard work. Her health now began to break down, and she feels and looks very miserable. The skin under her eyes is very black, owing to impaired oxydation of carbon. She is anæmic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been overworked, and is getting no sunshine.

How must she be treated? She must go to bed early, eat wholesome food, and get as much fresh air and sunlight as possible. The best hygienic remedy would be for her to go home for a month or so, but she cannot do that at present.

In cases like these I have had the very best results from the constant use of Bland's pill, so highly recommended by Niemeyer.

℞. Pulv. ferri sulphat.,
Potass carb. puræ, āā ʒij
Mucil. tragacanthi, q.s. M.

Divide in pil. 48.

Sig.—To be given daily in doses increasing until three pills are taken after each meal. This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills constipate, the following prescription may be used:—

℞. Pulv. glycyrrh. rad.,
Pulv. sennæ, āā ʒss
Sulphuris sublim.,
Pulv. fœniculi, āā ʒij
Sacchar. purif., ʒjss. M.

Sig.—One teaspoonful in half a cup of water, at bed time.

In cases of suppression due to change of habit and loss of health, a tonic treatment is indicated. Where the suppression comes on suddenly, from cold or exposure, while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. The patient should be placed in a mustard hip bath. Dover's powder should be administered; she should then be put to bed and hot drinks given. If such measures be not promptly taken, chronic uterine trouble may result.

Hydrocephalus.

An infant, eleven months old, was perfectly well after its birth. On the 17th of May last it had inflammation of the lungs. During this sickness it was noticed to move its head a great deal, from side to side. Two days after this attack was over the child had a convulsion. The child has also been at times a little cross-eyed.

You see how the ball of the eye is almost covered by the lower eyelid. This is a pathognomonic symptom of pressure from within the cranium, pushing down the orbital plate, and with it the eye itself. The sutures of the head have been in places pushed apart; the fontanelles are larger than usual. I am even able, through the thin bones, to feel fluctuation inside of the cranium. You notice, too, the peculiar staring expression which the eye has. The child is a quiet child during the day, and has a good digestion, but it does not sleep well at night.

It may possibly have dropsy of the arachnoid sac, but I rather think there is dropsy in the ventricles, from a catarrh of their serous lining membrane, which a post-mortem would no doubt show to be thickened, granular and rough. The dropsy may be caused by a scrofulous tumor in the brain pressing on some of the sinuses, or on the venæ galeni; this is hardly likely, however, in so young a child.

In hydrocephalus due to dropsy of the ventricles the foramen of Munroe and aqueduct of Silvius are both greatly enlarged, and the convolutions of the brain unfolded and flattened. The probabilities are that even should the child get well of the dropsy, its mind would never be at all strong. In view of this, I think that the most desirable thing that could happen would be the death of the child.

We must do something, however, to make it comfortable while it lives, and I shall therefore order it to have one-quarter of a grain of the iodide of potassium, and two grains of the bromide of potassium, three times a day; the one as an alterative, the other as a nervine. In some cases of hydrocephalus, the cranium has been strapped, and in others tapped, and iodine injected, but the profit of such heroic measures is exceedingly doubtful. A protracted course of mercury and iodide of potassium might diminish or keep down the dropsy, but at best, the mind would never recover from the lesions of pressure.

Diagnosis of Ovarian Cyst.

There are three kinds of ovarian cyst, the monocyst, the oligocyst, and the polycyst. It is often necessary to make a diagnosis be-

tween any one of these three ovarian cysts and ascites. I bring before you to-day a case of suspected ovarian cyst. In the first place, I know that this woman's belly, which is enormously distended, contains fluid, for I get distinct fluctuation. In case of ascites, the abdomen, when the patient is placed on her back, is flat on top and bulges out at the sides. Here there is a projection on top, and not so much bulging out at the sides. In ascites, the intestines float up to the top, and we get resonance on percussion. Here percussion, both superficial and deep, elicits only flatness. In cases of ascites, when the fluid is allowed to settle, there is usually resonance on the top of the abdomen, and dense flatness on the sides. Here there is quite appreciable resonance on the flanks.

The woman has never had any disease of the heart, lungs, or kidneys. A year ago, last February, she began to notice the distention, which has increased very slowly. Ascites is usually acute and of rapid development. She thinks the swelling began on the left side of the abdomen. Examination of the external genitals, vagina, womb, and breasts, which have withered, excludes the possibility of pregnancy. There is one more way of distinguishing between these two diseases, and that is by means of the aspirator. The fluid of ascites is straw-colored and limpid; that of a monocyst, if of the broad ligament, is perfectly clear and limpid, like spring-water; that of a polycyst is thick, dark, and turbid, from disintegrated red blood corpuscles; that of an oligocyst, which I suspect this to be, is usually of a milk and water, or of a light brown color. I should not think of tapping a polycyst unless I were ready to proceed at once to operate. For the fluid is so intensely acrid and irritating that the escape of a few drops into the peritoneum might set up a violent peritonitis, and rapidly destroy life. Before putting in the trocar I shall see that the urine is drawn off. If this were not done and the bladder were distended I might do, what has been done—thrust my trocar right into the bladder. The spot where I am making the puncture is in the linea alba, half way between the umbilicus and symphysis pubis. You now see that the fluid is of a medium-brownish color, and that it must contain albumen, from the amount of foam on the surface of it. Now the points of diagnosis which I have already touched upon make me quite confident that this is an oligocystic ovarian tumor; but my conclusion will be made still more sure by a microscopic examination of the fluid drawn. My friend, Dr. Drysdale, of this city, says that he can always detect, in fluid from an ovarian cyst, a larger or smaller number of so-called ovarian cells, which are different from all other cells; and I believe that he has abundantly made good his assertion.

Even after I have removed so much of the liquid the percussion on the top of the belly is still absolutely flat. The enlargement of the superficial veins of the abdomen, noticed here, is another symptom of an ovarian cyst.

From the fact that this woman's menses are regular, I am led to believe that only one ovary is affected. Sometimes, in this condition, even when one ovary is entirely healthy, the pressure upon the heart, lungs, kidneys, and stomach, produces a failure of general health, and so brings on suppression of the menses. In ascites the feet and hands begin to swell early in the course of the disease. In this case there has been no swelling of the feet until within the past few months.

As it is my purpose to operate on her next week, I shall remove only fluid enough to aid in establishing a diagnosis, and to relieve urgent pressure symptoms. I should like much to operate before you, in this amphitheatre. But this would not be giving the woman the best chance for her life. You have just come from dissecting rooms, from the reeking fever wards of hospitals, and the peritoneum is very impressible to such influences. I shall, therefore, remove the cyst in private, and, if she survive the operation, will bring her again before you.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Physicians as Dispensers.

BY J. W. P. BATES, M.D.

In these days of active competition between the different so-called schools of medical practice, and in view of the continued unsettled condition of the relations existing between physician and druggist, I think it will not be unprofitable, for one evening, to lay aside the discussion of the severely scientific, and consider another subject, not less important to us, viz.:—the business aspect. In the outset, I would say that the treatment we receive from patients and druggists is no more than we deserve. The matter was entirely in our own hands, and if, from indolence, press of business, ignorance, or any other cause, we deliberately threw away the chance, we can blame no one but ourselves. To-day we are in the hands of the druggist. He graciously allows us to write a prescription, and after it has passed from our hands to his, he says that we have no control over it, and that it is his property. He will renew the medicine as long as there is any demand for it; will put it up for a dozen different persons at the same time, and if it proves to be a very efficient combination, and have some local reputation, he will keep it always prepared, and labeled with his own name. Many instances of this could be mentioned as occurring in this city. In regard to the ownership of a prescription, it is a disputed point, but I think one thing is settled—it does not belong to the apothecary; it is the property, either of the doctor who wrote it or of the patient who paid for the advice of which it

forms a part. It is useless for us now to argue with the pharmacist on the question. It is useless for us to pass resolutions, as our medical brethren of Cumberland have done, that we will support no druggist who deals in patent medicines or prescribes over the counter. They all do it, and are compelled by the demands of the community to do it. If one or two were to refuse, it would be ruin to them, and do us no good. So long as it is not inculcated and enforced by the code of ethics of the Pharmaceutical Association that these things are unprofessional, we can make no change. But we have a remedy in our hands, which will make us independent, and unless we avail ourselves of it, it will not be many years before the apothecary will do the bulk of the office business.

We are in danger from another source, viz., homœopathy. That it is making inroads in this city, cannot, I think, be denied; one reason of its success is the pleasantness of its medicines, and another, that the physician furnishes them, and there is no drug bill to pay. It would astonish you, as it has me, to count the sums paid for medicines in a spell of sickness of moderate duration. There seems to be no regular charges among druggists. A prescription that costs twenty-five cents at one drug store, may cost seventy-five cents at another. For this there is at present no remedy. We may select what we think are inexpensive articles, and find, when the prescription is compounded, that we have not saved the patient one cent. Some years ago, I remember seeing, in Washington a prescription for two grains of sulphate of zinc and one pint of water; for this, being expensive articles and requiring great skill in their combination, the druggist had charged the small sum of one dollar.

For all this, I can see but one remedy; that is, for us, as far as possible, to furnish our own medicines. For office patients, this would be a very easy matter. A stock of $25 worth, including scales, measures, etc., would be quite large enough to begin with, and other articles could be added in small quantities as necessity indicated. The difficulty is in furnishing medicines at the bedside. Many of our articles are bulky, and it is difficult to select a pocket case full that will meet all emergencies. For this I have a suggestion to make. The wholesale druggists now furnish a long list of compound pills, which may be very good in their place, but have the disadvantage of compelling us to make the case fit the combination, and not the combination suit the case. Instead of these compounds, if they will manufacture for us all the available articles of the materia medica, in minimum doses, in granules, we can combine our remedies to suit the indication, and carry with us a sufficient supply for an ordinary practice. Many of our bulky solids can be substituted by the active principles, and thus the size be reduced, and for fluid preparations reliable fluid extracts can be used.

To illustrate—say we have granules of a quarter of a grain of hyoscyamus, an eighth of a grain of nux vomica, half a grain of quinia, and half a grain of iron. If we wished to put up the following prescription—

℞.	Quiniæ sulph.,	gr.ij
	Ferri citrat.,	gr j
	Ext. hyoscyami,	gr.ss
	Ext. nucis vom.,	gr.¼,

we would use four granules of the first, two of the second, two of the third, and two of the fourth, put them in a powder paper, and the dose would be ready for administration. The number of granules in a dose would make no difference, and the combination would be entirely in our own hands, and could not be repeated without our knowledge and consent. The objection to this might be the cost to the physician. True, he would lose on the first prescription; instead of making a dollar, he would clear only seventy-five cents; but then we should remember that for every time it is repeated he would get the money, and not the druggist; that the paper could not be loaned to all the neighbors; that you are not telling everybody the secrets of your business as you now do; and that the satisfaction to the community would be greater, as the medicine would be at hand, and no drug bills.

Editorial Department.

Periscope.

Ulceration of the Os Uteri.

The *Doctor*, for October, contains the following practical article:—

All acquainted with the practice of an outpatient department for the diseases of women cannot fail to have been struck by the very numerous cases of ulceration of the os uteri presenting themselves for relief. The cases are so common, the distress of the affection so debilitating, the discomfort to married life so great, and the cure so within the limits of the ordinary practitioner, that we hope to do good service by a few remarks on the subject. We shall classify the cases, dividing the os into three zones:—

1. Ulceration at the os uteri, on one or both lips.

2. Ulceration extending to half the inferior part of the cervix uteri.

3. Ulceration involving the whole of the cervix and os.

1. Ulceration at the os uteri, on one or both lips. (*a*) Very many of these cases pertain to the newly married, and are undoubtedly the result of excessive venery. There is always a history of nausea or retching, back-ache, a white or muco-purulent vaginal discharge, some scalding on urinating, vaginitis or vaginismus, and constipation. An examination by speculum reveals an abraded surface, some discharge about the os, and more or less uterine congestion. (*b*) Other cases belong to multiparæ, who have had untoward labors, whereby the external os has been lacerated, and one or other lip has become inflamed, and taken on unhealthy action. This condition is generally a bar to future pregnancy. In both classes cervicitis may be present. The lesion does not affect the cervical canal to any extent.

2. Ulceration extending to half of the inferior part of the cervix uteri. These cases are very common, occurring in women who have had difficult or many labors. The extraction of the child has divided the os into two portions, of which the posterior has been generally found to be the larger. There is a more or less free muco-purulent discharge from the vagina, and in addition to the symptoms enumerated under Class 1, the patient complains of dragging pain in either one of the groins, with pain extending to the knee of the same side. On digital examination the finger readily enters the cervical canal, and ulceration is detected. Pressure on the uterus elicits pain; the fundus is somewhat displaced; the whole organ is invariably enlarged. The extent of the disease is not seen by the speculum, which tends to bring the divided parts together; hence the necessity of a careful digital exploration.

3. Ulceration involving the whole of the cervix and os. On exposing the parts the cervix is found to be inflamed, soft, tender, much enlarged. Cervicitis is marked. The os is generally round, and the cervix is somewhat flattened at its free extremity, as if it habitually rested on the perineum. This affection is usually noticed in old cases of prolapsus, in virgins, and in sterile women. The cause may be attributed to flexions, relaxation of the uterine ligaments, and excessive venery. In these cases the pain extends along the spine and shoots down to either knee. There is pain in nearly every position the body can assume. Care is required to discriminate between these cases and those of a malignant type.

General Treatment.—We cannot too forcibly inculcate the necessity of absolute *rest* in the horizontal position. By this means, congestion about the uterus is lessened, and the ulcerated surface prevented from impinging on any part. The diet should be liberal. The bowels should be kept well opened. All marital intercourse should be forbidden.

Medicine.—There being generally a state of anæmia to contend against, we would first recommend the vegetable tonics and cod-liver oil, afterward the ferruginous preparations. Where any induration exists, iodide of potassium should be administered. It is essential to raise the tone of the body, as concurrently with its improvement, so the healing process will be expedited.

Topical Applications.—Much care is required in deciding whether to deplete or not, in choosing the form of caustic to be applied, and in prescribing an effectual injection. In all cases where the veins are prominent about the os, we would commence either by leeching or puncturing with a lancet. The latter we prefer. In cases of slight ulceration, touching the part with nitrate of silver or chromic acid, followed by a plug of cotton-wool steeped in glycerine, is generally effectual. Should the ulceration be obstinate, we would apply fuming nitric acid. The cotton-wool, saturated with glycerine must be introduced daily. Where the lips of the os are divided, it must be concluded that the inflammation has extended along the cervical canal. In these cases the external os should be well burned with the caustics named; if necessary, the actual cautery should be employed; but the cervical canal must not be molested. These failing, plugs of iodized cotton-wool should be applied daily.

Traumatism in Pregnancy.

One of the papers read before the International, at Geneva, was by Prof. Verneuil, on the influence of traumatism in pregnancy. The following are his conclusions:—

1. The influence which traumatism and pregnancy exercise on each other has been studied within the last few years only, the principal writers on the subject being Valette, Eugene Petit, Cornillon, Massot, Cohnstein, and Gueniot. The following conclusions may be considered as having been established on sufficient grounds:—

2. Traumatism and pregnancy may progress together without exercising any influence, the one on the other. This holds true of severe injuries as well as of insignificant wounds.

3. Wounds from accidents or the result of surgical operations, independently of their severity, may disturb gestation in various ways, giving rise to abortion, followed by the death of child or mother.

4. Some surgical wounds, despite their unfavorable influence on mother and child, may yet become necessary as a means of remedying several affections which, if left to themselves, would be highly dangerous.

5. On the other hand, pregnancy may disturb the healing of wounds in different ways—retarding or preventing the healing process, and promoting the occurrence of several complications

6. Other complaints, independent of traumatic injury, may be so unfavorably influenced as to compel the surgeon to perform operations

which might be avoided, or at least adjourned, had the patient not been pregnant.

7. Delivery exercises a beneficial influence on some wounds inflicted during pregnancy.

8. On the other hand, the puerperal condition acts unfavorably on wounds, whether accidental or surgical, received during pregnancy or after delivery.

9. Pregnancy does not altogether exclude surgical interference, but the latter is subject to rules which may be given with some degree of reserve. They are—

(*a*) To operate at once, whenever the patient's life is seriously menaced. (*b*) To choose an opportune time for operating in such cases as require energetic measures, and show a tendency to become otherwise incurable. (*c*) To operate whenever the disturbance, however slight, becomes a cause of dystocia at the full period. (*d*) in cases which do not appear to be aggravated by the condition of pregnancy, or do not influence that state injuriously, to abstain as far as possible from operating. (*e*) To abstain absolutely in all cases which merely affect the form or functions of unimportant accessory parts, or of those which may recover without surgical interference after delivery. (*f*) To avoid, as far as possible, all operations during the puerperal state. If the danger be pressing, operate rather during pregnancy, and in slighter cases adjourn the period of surgical intervention for two or four months after delivery.

Impacted Cerumen in the Ears.

Dr. H. M. Jones remarks, in the *Press and Circular*:—

Free syringing generally is all that is required for the removal of this common and troublesome cause of deafness. Often the mass does not come away until a considerable time is spent in syringing. But it will always ultimately yield. After a portion has been removed, and when the grub of cerumen, or waxy cast of the meatus is washed out, the latter should be examined with a speculum; much harm may be done if this step be not attended to; the healthy membrane may be forcibly syringed, and much mischief accrue. On the removal of cerumen, the membrane is generally seen, dull, with an absence of transparency, and the surface of the malleus has an inflamed appearance; the collection being removed, an interval of a few days will generally set things to rights, and if this be the sole cause of the symptoms, nothing further is necessary. If any tinnitus or pain persists, or if the deafness is not relieved, we must suspect other mischief, and proceed to examine the ear closely. The usual complaint made by patients suffering from "wax in the ear" is, a deafness with a stupid feel, and some form of tinnitus; I generally Politzerize a patient after removal of wax. I may here say that most ridiculous errors are often committed from the non-recognition of this simple cause of deafness. Nothing can be more exasperating than for a patient to return a long distance to a surgeon, and find that the source of all his blistering and leeching, and perhaps physicking, lay in a mass of easily removable wax; yet this often occurs. The characteristic black shining surface of the wax can hardly be mistaken, with any degree of care. At times the surface has a peculiar lustre, which causes it to look like the membrane; but it is only necessary to mention this, in order to prevent any surgeon from falling into so unfortunate an error. Two imprudent practices may be referred to in connection with this matter. First, the habit of inserting picks, rolls of towels, etc., into the ear, to cleanse the meatus. This can only do harm, and ensures the consolidation of any cerumen in the canal, and its impaction on the drum. Secondly, the fashion of placing cotton wool in the ears. It will be sufficient to mention that, not long since, I removed three layers of wax and two of cotton wool from the ear of a gentleman who was completely oblivious of the presence of the wool.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An Address on Puerperal Eclampsia; read by invitation before the Christian County Medical Society, by J. P. Thomas, M.D., of Pembroke, Ky. A reprint from the September number of the Richmond and Louisville *Medical Journal*, 1877. He states his position as to the theory of the cause of this disease to be an intermediate and conservative one. The chief theories are given, as, 1. The Mechanical Theory. Charles D. Meigs considered a flow of blood to the head as a cause of the convulsions. Pressure causing congestion of the kidneys, resulting in a retention of urea and a consequent flow of albumen, is often claimed as a cause. The author thinks the mechanical theory untenable, for the chief reason that pregnancy is a purely physiological condition. As to the hysterical element in the production of eclampsia, it is not shown by the cases in his experience, these being, with one exception, stout, robust women; he is convinced "that albuminuria, *per se*, never produced eclampsia." The anæmic theory is also rejected. The most likely cause is the "presence of a gravid uterus," being in some deranged state, probably in its nervous system, and the irritation being propagated from that organ to the brain.

The correct principles of treatment, he states, are, experience and common sense. Some cases demand the free use of the lancet, but very infrequent cases; in some cases chloral answers better than chloroform; in some, large doses of bromides; but for the large majority of cases he relies upon chloroform "as the grand successor of the lancet."

——Spasm of the Muscles Supplied by the Spinal Accessory Nerve. By Chas. K. Mills, M D., Chief of the Dispensary for Nervous Diseases, University Hospital. Extracted from the *American Journal of the Medical Sciences* for October, 1877. At the head of the methods of direct treatment for such a disease, the author places the actual cautery. The dread of it can, by care, be overcome. The applications are made deeply on each side of the spinal column, suppuration being maintained for some weeks. A short history of the electric treatment of this form of local spasm is given, but the writer does not inform us of his personal experience with the same. The disorder has a tendency to relapse; "but by promptly resorting to treatment, the actual cautery, for instance, the spasm can be held in abeyance, and a permanent cure finally achieved.

——*Transactions* of the Texas State Medical Association, Ninth Annual Session, 1877. Held in the city of Galveston, April 3d, 4th, 5th and 6th. A neat volume, containing several interesting articles.

——"The Proceedings of the Medical Society of the County of Kings, September 18th, 1877." This number contains, besides the article by Dr. H. J. Garrigues, noticed last week, an article, entitled, "The Prevalence of Unrecognized Chronic Bright's Disease; its Discovery in Apparently Healthy Subjects," by B. A. Segar, M.D.

BOOK NOTICES.

The Physician's Daily Pocket Record, for 1878; Comprising a Visiting List, Many Useful Memoranda, Tables, etc. By S. W. Butler, M.D. Adapted for Thirty-five or Seventy Patients Daily. Strongly Bound in Morocco, with Steel Spring Clasp. Price—Edition for Thirty-five Patients Daily, $1.50; Edition for Seventy Patients Daily, $2.00.

The edition of this highly appreciated Visiting List, for 1878, is now ready. As it has not received any detailed notice in the REPORTER for several seasons, we append the following full description of it:—

The ordinary size has 224 pages of fine, ruled paper, making a book of convenient form to fit in the breast pocket. Three-eighths of an inch thick, four and one-fourth wide.

The first 52 pages are printed matter, made up as follows: 1. A "perpetual almanac," showing the day of the month on which any day of the week comes, from 1861 to 1917. 2. A list of New Remedies, their application, doses, and market values. This is revised and added to each year. 3. A table showing the doses of medicines for hypodermic injections for an adult. 4. A table giving the doses of medicine for inhalation by the atomizer. 5. Doses of medicine for suppositories and pessaries. 6. A list of the principal articles of the Materia Medica, classified according to their chief properties, with the doses for adults, and market value. 7. A list of poisons and their most valuable antidotes. 8. Rules for the treatment of persons asphyxiated. 9. A list of disinfectants, with instructions how to use them. 10. A table of physicians' fees, drawn from that adopted by the College of Physicians, Philadelphia, and the New Jersey State Medical Society. 11. A table showing the quantities of opium, arsenic, antimony, iodine and mercury in a number of the most commonly used pharmaceutical compounds. 12. A table of Urinary Analysis, showing the normal and abnormal qualities of the urine, their tests, and what they indicate. 13. A table of the Metrical system of weights and measures, explaining how to write prescriptions by the Metrical method; besides other tables showing the pulse at various stages, the dates of the eruption of the teeth, normal human weights and measurements, obstetric calendar, etc.

The remainder of the book is ruled in blank, with printed headings. 104 pages are given to the "Visiting List and Record of Accounts," allowing one line to each patient, with a blank page opposite that for daily entries, to be used for "memoranda." The visiting list closes with an "Index of Patients," so that when a bill is presented, the whole amount is shown at once by the Index, with the pages of the list proving the visits. An "Obstetric Record" follows, containing a form for a complete history of the accouchement in a single line. Next

comes a "Vaccination Record," equally complete. A "Record of Deaths," "Cash Record," and a number of blank pages for "Addresses and Memoranda," close the volume.

The Pocket Record for seventy patients is the same, except that the "Visiting List and Record of Accounts" has double the number of pages.

One striking and valuable peculiarity of the "Pocket Record" is that it is good *for one year from any date in the year*. The Visiting List portion bears no dates, and by simply writing the month at the top of the page, the date will always be correct.

The *binding* of the Pocket Record is in strong morocco; and instead of a tuck (which often tears), it has a *steel spring clasp*, exceedingly convenient in use. A *pocket* is provided in the cover, for carrying prescription blanks, etc.

Transactions of the International Medical Congress of Philadelphia, 1876. Edited for the Congress by John Ashhurst, Jr., A.M. M.D., Philadelphia, 1877. 1 vol. 8vo, pp. 1153. Price $7,00.

After an incubation of more than a year this long expected volume has at last appeared. Though the delay has disappointed many, we confidently say the contents of the volume will not. Though in a general way quite familiar with what transpired at the Congress, we really never appreciated to anything like the proper degree its vast scientific value until we could see in detail, in this volume of its transactions, how many most able papers, on almost every branch of medical science, it elicited. Laying aside any national vanity, we do not hesitate a moment to say that none of the previous International Congresses has ever made so valuable a contribution to the progress of our science.

It is needless to select from the numerous articles any for special comment, in a brief notice like this. We have marked several, to which we shall refer hereafter. Suffice it to say that, besides the addresses, each Section is represented by from five to fifteen articles, almost all of which are creditable to their authors, and genuine contributions to the advance of medical science.

In concluding this quite inadequate notice, we should do injustice to the editor, did we not add that the very considerable labor which he undertook has been most faithfully performed, and that the delay in the appearance of the volume is not in any degree to be attributed to him, but to the natural difficulties in securing promptness from so many and so diverse contributors.

Transactions of the College of Physicians of Philadelphia. Third series, vol. 3d, pp. 214. Lindsay & Blakiston.

A very interesting volume, containing thirteen articles, by different members of the College. Among these, may be mentioned, "The Post-mortem Imbibition of Poisons," by Professor Reese; "The Internal Administration of Nitrate of Silver," by Professor Pepper; "The State of Medicine in China," by Robert P. Harris, M.D.; "Remarks on Relapses in Typhoid Fever," by Professor DaCosta; "Changes in the Nails in Fever, and Especially in Relapsing Fever," by Dr. Morris Longstreth.

The volume also contains one chromo-lithograph, and six wood cuts. This volume of *Transactions* contains the papers read before the College from October, 1876, to July, 1877, inclusive.

Cutaneous and Venereal Memoranda, by Henry G. Piffard, A.M., M.D., Professor of Dermatology, University of the City of New York, etc., and George Henry Fox, A.M., M.D., Surgeon to the New York Dispensary, etc. 12mo. Wm. Wood & Co., New York.

The authors, in their preface, state that they endeavor to inculcate principles, rather than to elaborate details. Theoretical and histological details are avoided. The various formulæ are expressed in the metric system. The opening chapters treat of the anatomy and physiology of the skin, followed by the pathology of the same structure. Symptomatology, diagnosis, nomenclature and classification, receive due attention.

The "scrofulides" are first considered, then the "rheumides," the affections of the latter group being considered of great importance. After the consideration of the prominent skin diseases, the venereal section begins at chapter thirty-ninth, with gonorrhœa. Nothing specially noteworthy as to therapeutics is given, yet the little volume meets the professed object of its publication, the presentation of the facts concerning skin and venereal diseases "in as compact a form as possible."

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the REPORTER for *fifteen* months (October 1, 1877, to January 1, 1879) for *five dollars*, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Napheys' Surgical Therapeutics*, as he may prefer.

THE AMERICAN ACADEMY OF MEDICINE.

One of the original objects of the American Medical Association was to elevate the standard of the profession in this country in an educational point, and reports have frequently been made without arriving at the real object desired; and really so little has been done in this matter by the said Association, that it seems to actually devolve upon the general profession to take the good cause in hand. With this idea and aim in view, Dr. R. L. Sibbet, of Pennsylvania, prepared an address upon the subject, to some of the members of the profession who were known to be in favor of undertaking some move that would accomplish the required purpose, and who were in attendance at the International Medical Congress in this city last year, in which he invited a meeting for consultation.

On the evening of September 6th, 1876, several physicians from the States of Pennsylvania, New York, New Jersey and Maryland came together, and after some conversation it was concluded to organize an Association for the United States, in which the members shall consist of those who were alumni of classical schools previous to their entering upon the study of medicine, with the hopes of encouraging all young men who may desire to enter the medical profession to pass through a thorough classical education before beginning their medical studies. At this preliminary organization a board of officers was elected, and a committee appointed to draft a Constitution and By-laws, and to report at the next annual meeting, to be held in New York City on the 11th day of September, 1877, on which day the Association met in the parlor of the New York Academy of Medicine, at 3 P.M. An address of welcome was delivered by Dr. E. H. M. Sell; then the President, Dr. Traill Green, delivered his address, after which, 6½ o'clock arriving, adjournment took place, until 8 P.M., at which time the report of the Committee on the Constitution would be heard. This was read and discussed until 10 P.M, when adjournment took

place, to attend a fine collation, which was prepared in the dining rooms of the Academy.

The following day the constitution was adopted, and officers elected, as follows:—

President.—Professor Frank Hastings Hamilton, A. M., M. D., LL. D., New York.

Vice-presidents.—Hon. Lewis H. Steiner, A. M., M. D., Frederick, Md. Stephen Wickes, A. M., M. D., Orange, N. J. Benjamin Lee, A. M., M. D., Philadelphia, Pa. Professor Henry G. Piffard, A. M., M. D., New York.

Secretary.—R. Lowry Sibbet, A.M., M.D., Carlisle, Pa.

Assistant Secretary.—Neilson A. Baldwin, A. M., M. D, Brooklyn, N. Y.

Treasurer.—Edward H. M. Sell, A. M., M. D., New York.

The next meeting was appointed for the third Tuesday in September, 1878, at Easton, Pa.

The objects of this society are in every respect praiseworthy, and it cannot but be approved by every member of the profession, whether himself the recipient of a collegiate education or not. What is aimed at, and what is urgently required, is to have those young men who commence the study of medicine properly prepared for it by a reasonably thorough mental training. To effect this object, organization is necessary, and the influence of a large body of the profession. There is no reason to doubt but that the Academy will have an excellent influence in this direction.

Notes and Comments.

Pathology of Scurvy.

Mr. Charles H. Rolfe, in the *Lancet*, sums up his views of the subject as follows:—

1. That the primary change that occurs in scurvy is a chemical alteration in the quality of the blood.

2. That this chemical alteration, as far as can be judged from inferences drawn from the analysis of urine in patients suffering from scurvy, and analysis of "scorbutic and anti-scorbutic" diets, points to a diminution of the alkalinity of the blood.

3. That this diminution of alkalinity is produced in the first instance (physiologically) by an increase of acid salts (chiefly urates) in the blood, and finally (pathologically) by the withdrawal of salts having an alkaline reaction (chiefly alkaline carbonates).

4. That this diminution of the alkalinity of the blood finally produces the same results in scurvy patients as happens in animals when attempts are made to reduce the alkalinity of the blood (either by injecting acids into the blood or feeding with acid salts), namely, dissolution of the blood-corpuscles, ecchymosis, and blood-stains on mucous surfaces, and fatty degeneration of the muscles of the heart, the muscles generally, and the secreting cells of the liver and kidney.

Dipsomania.

Dr. Bodington very well urges, in a late address, "The confusion between drunkenness as a disease, and drunkenness as a vice, must be cleared up. For my part, I look upon all habitual drunkenness as a disease, and I would boldly call it all dipsomania. It is in its character as a disease that we physicians are entitled to deal with it. I would sink the notion of its being a mere vicious propensity. When fully developed there are not two kinds of habitual drunkenness. The cases are, one and all, cases of dipsomania, of irresistible, uncontrollable morbid impulse to drink stimulants."

Cyanide of Zinc in Facial Neuralgia.

Dr. Luton, of Rheims, states that he has obtained excellent results from the cyanide of zinc in rheumatic facial neuralgia simulating cerebral rheumatism. He relates two cases in which, with intense facial neuralgia, there was continued and ardent fever, cephalalgia and tenderness, on pressure at the points where the nerves emerged. The symptoms rapidly abated under the use of the following mixture:—Cyanide of zinc one-fifth of a part, distilled cherry-laurel water twenty-five parts, and tragacanth mucilage mixture 100 parts. A tablespoonful, from hour to hour.

Spontaneous Discharge of a Uterine Polypus.

F. Marchand reports, in Virchow's *Archiv.*, a case of spontaneous breaking off and birth of a uterine polypus. The tumor was situated at the anterior wall of the cervical canal. While the patient was in the act of evacuating her bowels, it was torn off and forced out of the vagina, without a trace of suppuration or disunion at the seat of the disunion.

Correspondence.

Hay Fever.

Ed. Med. and Surg. Reporter:—

In a late issue of the *Medical Record* there appeared an article by Dr. George M. Beard, of New York city, calling the attention of the profession to his method of treating hay fever. The three principles of the treatment were—

(*a*) The internal administration of Fowler's solution.

(*b*) Making use of an inhalation of the following:—

℞. Chloroformi,
Acidi carbol.,
Camphoræ, ää æq. partes

(*c*) Galvanization. The method which Dr. Beard uses is the one called, by him, central galvanization, and, we believe, first proposed by him in a communication to the New York *Medical Journal*, October, 1872. The method is as follows:—The negative pole or cathode having been applied to the epigastrium, the anode is then applied so as to bring the current to bear upon the central nervous system (along the spine, around the head, and over the manubrium sterni). Having experienced some considerable difficulty in the treatment of this disease in our own practice, we had concluded to try electrization, some time prior to the appearance of Dr. Beard's paper. Several of our patients had been using, for some time, internally, the liquor potassii arsenitis, in five-minim doses three times daily, with no appreciable effect, when we concluded to try galvanization. The method which we employed was, placing the cathode over the cervical portion of the spine, the anode being used over the auriculo-maxillary fossa, and manubrium sterni. The majority of the cases were entirely relieved by this method, with the exception of three cases, very severe ones, in which we employed Dr. Beard's entire method. These are as follows:—

Case 1.—Mrs. T, the wife of a clergyman of this place, had suffered with hay fever for the past three years, when she came under our care. She had tried numerous remedies, but all to no purpose, and was quite discouraged. She was troubled with great difficulty in respiration, an almost intolerable sense of oppression in the head, and with a very aggravated trouble in the nose and eyes. We employed, in this case, Dr. Beard's method, using ten cells of the Bartlett galvanic battery for about ten minutes daily. After each seance the patient voluntarily spoke of her head feeling so much lighter. She was much pleased with the inhalation mixture also. After about three weeks' application she now feels much relieved.

Case 2. Mrs. H., also the wife of a minister, presented almost the same peculiarities as did No 1, and was relieved greatly and perhaps entirely freed from the affection.

Case 3. Mrs. K., the wife of a well-to-do farmer residing in this vicinity, was put upon the same treatment. She had been suffering with this affection at intervals during the past two years; after a time, the arsenic having produced considerable gastric disturbance, she was ordered

℞.—Caffein citrat., gr.x
Sacch. lactis, ℥ij. M.

Fiat pulv. No. x.

Sig.—One powder three times a day.

She progressed rapidly under this, and is now completely relieved.

To us it seems to make but little difference whether central or any other mode of galvanization be used, having the same end in view. But any discussion of that would be foreign to the purpose of this communication. Says Dr. Althaus, "I have never carried out Dr. Beard's method in its entirety, partly because I have not been so dissatisfied with the results of the methods previously described, and partly because I have not so frequently felt uncertain about the nature and seat of the disease which I was treating." (*Med. Elect.*, p. 346).

Lyndonville, N. Y C. E. Fairman, M.D.

Ingrowing Toe-nail.

Ed. Med. and Surg. Reporter:—

In your issue of September 22d, Dr. S. M. Hamilton describes, in my opinion, the correct method of operation for the radical cure of ingrowing toe-nail. In the "Clinical Lectures on Surgery," published in the *Medical News and Library*, of this year, the author speaks of over seventy-five methods of operation and local treatment, which have been designed for the cure of this most annoying and painful affection.

This will indicate the importance of the subject, and yet the author thinks no advance has been made in the treatment, and gives his support to the older methods, such as tearing out the nail, etc., and confesses that there is a liability to ecurrence of the affection. In the light of so much that has been written respecting this condition, it is scarcely worth while to discuss the etiology and pathology, but I can support the propriety of the operation by the testimony of an experience of twenty-three years. In December, 1853, I devised and performed the operation upon the person of my brother, who had been afflicted to a greater or less extent since infancy. Two years previously he had the whole nail removed by extraction, but upon renewal of the nail the same condition recurred, and he decided upon amputation. The operation as described below was performed, and a few days later was repeated upon the person of a young man, by the name of Whiting, in the town of Hallistan, Massachusetts. The operation was performed several times during the war, while in the field, and subsequently, a dozen times or more in this city. In every case it has been followed by complete success, and in no case has the patient been prohibited from walking as much as he pleased after one week.

I first introduce a sharp-pointed or double-edged bistoury, close to the margin of the nail, and well back toward its root. Then directing the handle of the knife outward from the line of the toe, I push the knife through, its point emerging outside the median line of the ball. I then cut forward, the line of incision closely hugging the margin of the nail. Finish by carrying the incision backward, emerging a little posterior to the root of the nail. If the other side of the toe be similarly affected repeat the operation at the same time. Dress with simple dressing or cold water. It may be thought I remove too much, but the incision being from above downward and inward, leaves the free lateral margin of the nail, the most projecting part, so that no granulations can form pressing against it. Again, I have always observed that in these cases the toe is large and broad. BENJAMIN MCCLUER, M. D.

Dubuque, Iowa.

NEWS AND MISCELLANY.

Swindles.

A sharper in New York is writing to Western physicians, offering to disclose the secret of a cancer remedy of alleged wondrous powers, which he has stolen from his employers.

Another one, traveling under various names, has been arrested in Iowa. He called on physicians, with apparently excellent letters of introduction. He informed them that he had been sent out by the "United States College of Surgeons, Washington, D. C., an institution endowed by the United States Government, in connection with that of each of the States," the especial object of which was to relieve paralytics, and those afflicted with epilepsy. He was about securing statistics, and reporting such cases. He stated that, after securing the names and character of cases, he reported them to the Secretary of State, at Des Moines, who, in return, reported them to the Secretary of the Interior at Washington. They were by him placed before some sort of a Board of the fictitious institution. If this Board reported favorably, then the patient could receive treatment, by paying a small sum into the hands of the agent.

Of course, his plan was to have reference to well-known cases, to whom he furnished the information that they had been accepted, through the request of friends, who had reported them for treatment at some future time. He was sure to have the names of friends, and all the proper documents, so that the doubting could not help but believe in him. Persons afflicted, and who have exhausted every known remedy, without relief, would take such a bait at once; and so well-perfected was the scheme, that almost every one approached would bite.

Owing to the exertions of Dr. Charles H. Lothrop, of Clinton, Iowa, this proceeding has been summarily stopped, by the arrest of the so-called agent.

Leprosy in India.

According to the returns of a general census in 1872, there were 99,000 lepers in the territories under British rule in India, yielding a proportion of 54 lepers to every 100,000 of the entire population, or one leper to 1845 persons. One-eighth of the whole number is contributed by certain districts, each of not less than 100,000 in population, furnishing a ratio nearly five times higher than the average ratio for the whole of India. In these districts there is a leper to every 384 persons.

Personal.

—The death of Mlle. Titiens was owing to a sarcomatous tumor of the uterus. Her case has attracted much attention in English medical circles.

—Dr. Thomas M. Lloyd, lately connected with the Presbyterian Hospital, has received the appointment of second assistant physician at the State Asylum at Morristown, N. J.

—The Sanitarian states that the Boston Board of Health receives such death certificates from a doctoress as these:—

"This certifies that A beby boy died on the bornday of Febberly, 1876. Cause of death, '*Born.*'" On other certificates the cause of death was given: "lack of villality," "dæth barne," "canker humer," "swallowing," "lung dises," "canther of the bowels," and "chituses."

Items.

—A medical student, at Syracuse, New York, has been arrested for alleged "body-snatching."

—The city of St. Louis has levied a municipal tax on physicians practicing in that city. The profession there protests against it.

—William Gale, of Cardiff, England, has accomplished a walk of fifteen hundred miles in a thousand hours, which is said to be the greatest pedestrian feat on record.

—Queen Victoria and the Princess Beatrice have been making lint, at Balmoral, for the wounded of the Eastern war, and the occupation has, in fashionable circles, driven out fancy work.

—The extremest stress of the Indian famine is at an end, and the people engaged on the relief are beginning to hurry away to their homes. Copious rains have fallen over the stricken districts.

—All reports of yellow fever in Jacksonville, Florida, are pronounced utterly false. A despatch says there is not now, and has not been a case in or near the city. Northern travel has already commenced.

—The practice of slaughtering cattle with dynamite is rapidly growing into favor in England, the method having been found humane, convenient and inexpensive. The subject is well worthy of consideration in this country.

QUERIES AND REPLIES.

Bibron's Antidote.

A correspondent asks for the original formula of Bibron's antidote, sending us three different ones. We believe the following is the original one (which differs from any he sends us):—

R.	Brominii,	fl.dr.ijss
	Potassii Iodidi,	gr.lj
	Hydrarg. chloridi corrosivi,	gr j
	Alcoholis diluti,	fl.dr.xxx.

A teaspoonful, in wine or brandy, as required.

OBITUARY.

W. L. KNIGHT, M.D.

At a special meeting of the Philadelphia County Medical Society, the President, Dr. Henry H. Smith, read a biographical memoir of their former President, Dr. William L. Knight. He was born near Wheeling, Va., February 23d, 1811. Dr. Knight passed his early youth on his father's farm. His mother was a most estimable Christian woman. At the age of eighteen Dr. Knight lost his father, and the family removed to Newark, Ohio. In 1834, at the age of twenty-three, he came to Philadelphia for medical instruction. In November of that year he entered Jefferson College. In March, 1837, Dr. Knight received his degree of M.D. His connection with the Philadelphia Dispensary, as a student and district physician, had a marked effect on his future success. During the greater part of his medical life Dr. Knight, for the most part, attended to his extensive practice on foot. From the summer of 1876 until his death, in May, 1877, he was confined to his bed.

The devotion of Dr. Knight to his practice is shown in the fact that for eighteen years he was never out of the city. Dr. Knight was elected a member of the County Medical Society in 1851, and President in 1869. His medical skill was regarded as sound, both by the profession and the public. On motion, the thanks of the society were returned to Dr. Smith, and the paper was referred to the delegates to the State Society.

MARRIAGES.

BARTLETT—BAILEY.—On Wednesday, October 17th, at the Church of the Heavenly Rest, New York, by Rev. Robert S. Howland, assisted by Rev. S. H. Weston, Homer L. Bartlett, M.D., and Minnie Newton, daughter of Floyd Bailey.

BELL—NORRIS.—On Tuesday, October 16th, 1877, by Rev. John Hall, D.D., C. M. Bell, M.D., of New York, and Mary, daughter of M. Dennistoun Norris.

CARRINGTON—MCLENDON.—At the residence of the bride's father, near Calvert, Texas, on the 24th of October, 1877, Dr. S. E. Carrington, Buffalo, Texas, and Ella Patrick, daughter of Dr. Geo. McLendon, of Calvert, Texas.

CLEAVELAND—BARCULO.—On Wednesday, October 17th, at St. Paul's Church, Poughkeepsie, by Rev. S. H. Synnott, assisted by Rev. A. M. Randolph, of Baltimore, Dr. Joseph M. Cleaveland and Cornelia F., youngest daughter of the late Hon. Seward Barculo.

DENSLOW—SMITH.—On Wednesday, October 17th, 1877, by Rev. J. M. Pullman, at the residence of the bride's parents, Le Grand N. Denslow, M.D., and Mary Augusta, daughter of Edwin P. Smith, Esq., all of New York.

GROSS—COATES.—On September 9th, by the Rev. J. F. Garrison, D.D., Dr. Onau B. Gross and Miss Fannie A. Coates, both of Camden, N. J.

MOORE—UNDERHILL.—On Wednesday, October 24th, 1877, at the First Reformed Episcopal Church, New York, by Rev. Wm. T. Sabine, Katharine, daughter of Abraham Underhill, Esq., and Dr. William O. Moore, of New York.

NICOLL—CAMAC.—At "Woodvale," Philadelphia, on October 16th, by the Rev. William Henry Odenheimer, D.D., bishop of Northern New Jersey, assisted by the Rev. William Augustus White, of Philadelphia, Henry D. Nicoll, M.D., of New York, and Anne Bancker, second daughter of William Camac, Esq.

TURRILL—SCHAPPS.—On Wednesday, October 17th, at Christ Church, Brooklyn, E. D., by Rev. R. H. Partridge, Henry Stuart Turrill, United States Army, and Marion Cornelia, daughter of C. H. Schapps, M.D., of Brooklyn.

VICKERY—WOOLLEN.—On October 21st, 1877, at the residence of the bride's father, by the Rev. Amos Gregson, Mr. A. W. Vickery and Miss Ida May, only daughter of C. W. Woollen, M.D., all of Randolph County, N. C.

WATTS—PEACE.—On Tuesday, October 23d, 1877, at St. Mark's Church, Philadelphia, by the Rev. Dr. Licett, John S. Watts and Mary, daughter of Dr. Edward Peace.

WHITEHORNE—RIKER.—At Montclair, N. J., on Thursday, October 11th, Dr. H. B. Whitehorne, of Verona, and Miss Mary E. Riker, of Montclair, daughter of Mr. James Riker, of Waverly, N. J.

DEATHS.

EMMET.—In New York, on October 16th, after a short illness, Minnie, second daughter of Dr. Thomas Addis and Katharine R. Emmet, in the eighteenth year of her age.

JANVIER.—On the 15th ultimo, Rebecca, wife of Edgar Janvier, M.D.

WALZ.—After a long illness, October 25th, 2 A.M., Dr. Isidor Walz, of New York.